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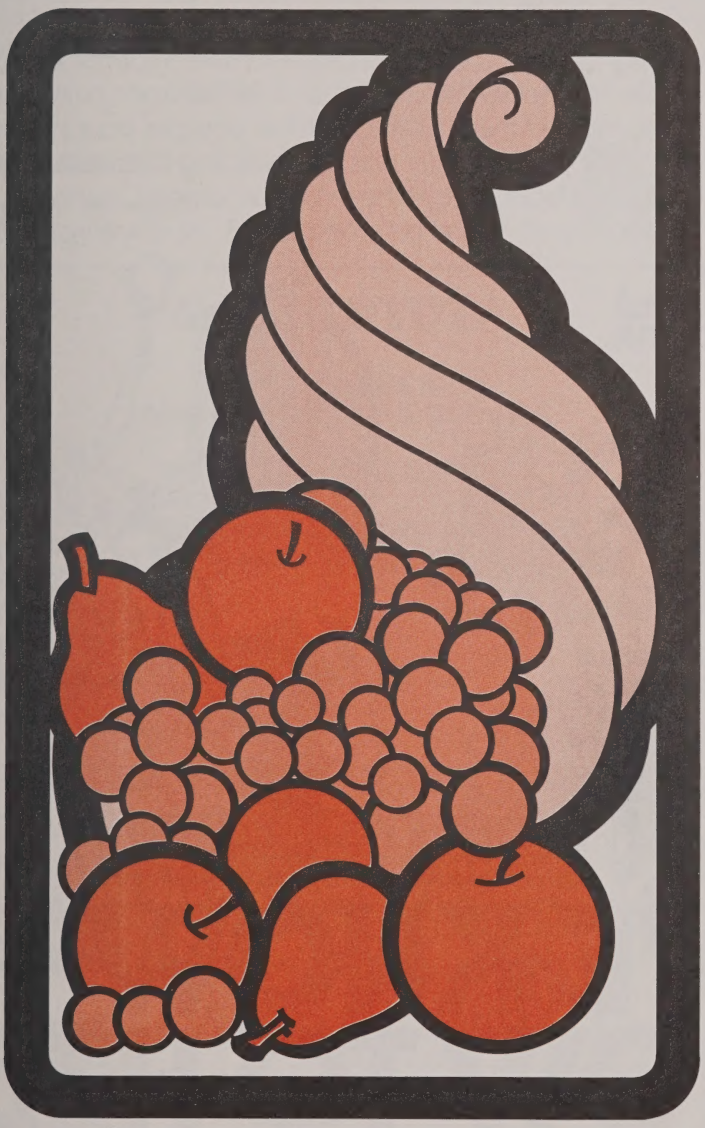

Time out of mind at this turn of the seasons when the hardy oak leaves rustle in the wind and the frost gives a tang to the air and the dusk falls early and the friendly evenings lengthen under the heel of Orion, it has seemed good to our people to join together in praising the Creator and Preserver, who has brought us by a way that we did not know to the end of another year.
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NOVMEBER - 1977 VOL. XXXIII-NO. 9

Contents

PRESIDENT'S PAGE
"THE HORN OF PLENTY"..... 6

QUALITY HEALTH CARE:
"ITS PLANNING, ITS COSTS"..... 8

"FROM YOUR EXECUTIVE COUNCILOR".... 11

DR. BUDD ACCENTUATES
THE POSITIVE..... 13

EXECUTIVE COMMITTEE..... 16

MANY THANKS..... 20

SEPTEMBER DISTRICT MEETING..... 21

THE NEW H2 RECEPTOR ANTAGONIST..... 23

IN MEMORIAM..... 27

AUXILIARY TIDBITS..... 28

DIRTY DICTIONARY..... 29

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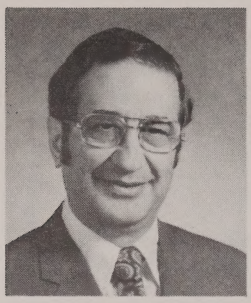

PRESIDENT'S PAGE

"THE HORN OF PLENTY"

The Horn of Plenty depicted on the cover of this issue symbolizes societal affluence which is now on the wane.

The horn is also a symbol of the horn of a medical dilemma: can we continue to give quality health care without bankrupting society?

It is this physician's belief that it can be done if our profession is given the opportunity and if officious, solicitous government action can be held in abeyance. The past history of any governmental program is clearly one of increase in cost considering the size and inefficiency of the bureaucracy.

Methods for controlling costs of health care must be developed by local health professionals:the membership of our local county medical society must join with and contribute to the PSRO, local Planning Councils, and HMOs. Our members must give adequate, intelligent, but not unduly prolonged study to these matters. Our newly formed Ad Hoc Committee on Hospital Care Costs, chaired by Dr. Sellei, will need input and suggestions from our membership.

Individually and collectively we can:

1. Stop practicing defensive medicine with its expensive shotgun approach to the ordering of laboratory tests and X-rays. If we take careful histories and perform careful physical examinations and leaven it with concern and compassion, we can stop worrying so much about malpractice suits. Let us pinpoint and order only those tests that are clearly indicated.

2. Order outpatient preoperative workups. Let us insist that our hospitals make it easier to order outpatient blood work, EKG, and X-rays to facilitate a one stop for outpatient testing. Each hospital should coordinate the appointments for testing through one central

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telephone area (i.e., a single call could arrange simultaneously an appointment for EKG, chest X-ray, and blood work). The hospitals could further encourage outpatient testing by charging less for outpatient workups. Third party payors must pay for outpatient workups. Our professional organizations must actively promote these changes.

3. Work with house staff to reduce the volume of superfluous testing not only on the teaching floors but also in our ICU's (the number of blood gases obtained on individual patients is a case in point). Let the house staff demonstrate they, too, have concern for the cost of medical care as well as for the quality of medical care.

4. Insist that hospital administrators give us information on all hospital charges and keep that information current.

5. Enter into the decision making when hospital administrators propose expansion into the practice of community medicine, expansion of in-house programs, and hiring of more full time salaried physicians. Let us insist on clearly demonstrated need before acquiescence. Let us find out how much it is going to cost us all.

Escalating health care costs: curse it, curb it, or CURE IT. □

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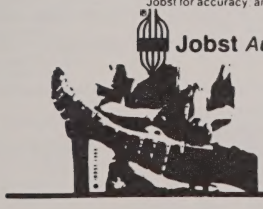

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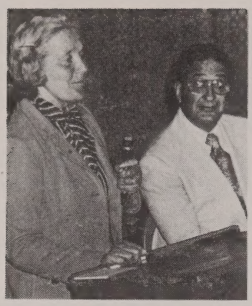

QUALITY HEALTH CARE: ITS PLANNING, ITS COSTS

A discussion fueled by mutual interest and sparked with divergent opinions electrified a rainy September 20 when a prestigious panel assembled to present QUALITY HEALTH CARE: ITS PLANNING, ITS COSTS.

Rocco Verrilli, M.D., president of the Hampden District Medical Society, established the tone by entitling his talk "Quality, Quantity and Quandry: The Health Care Dilemma". Dr. Verrilli stated, "Many government figures and health planners mistakenly think that control of costs will automatically improve the quality of medical care or that conversely the improvement of care will reduce the cost." He defined the quality of health care as"...caring both for and about the patient with compassion and skill..." He emphasized that the physician must be the patient's prime advocate. Dr. Verrilli continued, "Peer review was developed by physicians long before any government agency knew the concept existed."

Harry C. F. Gifford, president of Baystate Medical Center, expressed the administrative concerns of the hospitals. He defined three problem areas: rising cost of health care, financing health care today, and setting health care priorities. Mr. Gifford pointed out that hospitals are the largest employer of health care personnel and deliver the bulk of the community health care.

George E. Hopkins, senior vice president of Mass. Mutual Life Insurance Co, delineated the views of a third party payer. Mr. Hopkins stated that the insurance industry observes the rising cost of health care with alarm. Increased payment for services results in increased premium charges. He considers physicians, hospitals and government are responsible for this dilemma. Mr. Hopkins detailed "cost-sharing programs" where a patient assumes responsiblity for a deductible amount, as opposed to the full health care coverage prevalent today. today.

Charles E. Everett, Executive Director of the Western Mass. Professional Standards Review Organization, Inc. (PSRO) and Executive Director of the Health Care Foundation of Western Mass., Inc., stated that Health Maintenance Organizations are mandated by federal law. Mr. Everett described how "peer review" boards could reduce costs.

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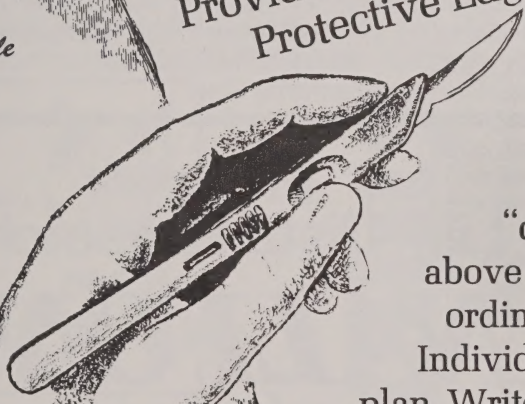

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Dr. Henry T. Yost, professor of biology at Amherst College and president of the board of directors of Western Mass. Health Planning Council, represented the consumer's viewpoint. He stated that the "Rolls Royce" medicine of today will go out the window. Since moneys will not come from other areas, Dr. Yost feels that health care funds will essentially not change, but priorities may be restructured. The American public may decide in the long run to use available money to fund programs most beneficial to the majority. Federal health care insurance may become a reality because of the inability of the affected groups to contain costs.

State Representative Iris Holland, R-Longmeadow, detailed the fragmentation of existing state agencies involved in controlling the legal processes of health care. She feels, "We are overly regulated and legislated; we put far too much power in our regulatory agencies." She stressed the value of centralizing these different departments, "...under a supreme agency which has the necessary responsibility and authority." Rep. Holland stated, "Excellence in performance should be encouraged and rewarded by an incentive program which would provide hospitals and medical people with the motivation to improve their overall performance."

The status of National Health Insurance was one of the many queries made by audience participants. The panel agreed that some form of National Health Insurance would soon be before federal legislators.

Mrs. Jesse Hafer, Jr., auxiliary member and secretary of the League of Women Voters of Mass., moderated and encouraged those present to become involved in lobbying for quality health care. The event was sponsored by the auxiliaries to the Hampden District Medical Society, Mercy Hospital, Baystate MedicalCenter: Springfield-Wesson Women's Unit, Wesson Memorial Unit. □

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FROM YOUR EXECUTIVE COUNCILOR

As your newly elected Executive Councilor I attended the Executive Board Meeting of the Massachusetts Medical Society on September 14, 1977, in Boston. The meeting started at 10:00 A.M. and ended at 4:00 P.M. Following are some of the highlights of subjects discussed.

The Massachusetts Medical Society is studying a plan concerning relocation of the society's headquarters or a certain facility to be used for meetings at a location with easier access from all parts of the Commonwealth and better parking facilities than those currently available.

The subject of attracting more physicians to join the Massachusetts Medical Society was discussed and certain steps for achieving this goal were approved.

One of the most important subjects discussed at great length at this meeting concerned the litigation to be initiated by our society against Blue Shield, regarding the participating physicians agreement with Blue Shield. The society's legal counsel was present at the meeting and reported to us on the plan of action and related matters concerning this lawsuit.

You have already received a letter from the President of the Massachusetts Medical Society explaining the above.

In this first communication, I would like to share with you my first impressions and thoughts concerning the political structure of the Massachusetts Medical Society and its function.

There are twenty-one Executive Councilors, one from each district regardless of its size. We meet three times per year; more often if necessary, at the society's headquarters in Boston. The meeting lasts usually six hours and we discuss problems or plans concerning our

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society. Tentative decisions are made by the Executive Councilors in a democratic fashion by majority rule. We get advice from the different communities of the Massachusetts Medical Society. We do not have to accept their advice or their proposals. Then our decisions are presented to the Council (similar to the Parliament) for final approval or rejection. The Hampden District has 26 councilors. As your Executive Councilor, I call a meeting of our district councilors three times per year and consult with them in matters of importance. At the same time I keep them informed concerning events or trends taking place at our society's headquarters. As a member of the Executive Committee of the Hampden District Medical Society, I attend their meetings and keep that committee informed. In addition to the above, the twenty-one Executive Councilors are the corporators of Blue Shield, Inc. and we meet once per year and elect the Board of Directors of Blue Shield.

I felt that the above information is vital to all of you, so that you understand the process and function of our Medical Society, and help you become a more meaningful and active participant in the system. Reluctantly, I confess that in my twelve years of practice and membership in our society, I did not know and I did not take the time to find out, how our political system functioned, until two years ago when I was asked to become a councilor. I would often sit and criticize our society and its decisions without knowing how those decisions were made. It was my discontent and the desire to fight for the rights of the practicing physician that led me to get involved in this political system. I urge each one of you to study the system and get involved. If we do not do so, we deserve what we get.

The position of Executive Councilor is extremely important. They lead the Massachusetts Medical Society and most of their decisions are approved by the general Council. It is a very time consuming job. There is no personal benefit. Our decisions can benefit or cause harm to all of us.

We should all start thinking about my replacement. I do not feel that I can endure the pressures and demand of this office for more than three years. In the meantime, I urge all of you to communicate to me and to the other councilors (your personal representatives) your thoughts and wishes preferably in writing or by personal contact. Telephone calls during office hours may be a burden. I urge every councilor to attend our meetings and the general council meeting. We have an obligation to the membership and to the proper function of the system. It is a democratic system if we wish to use it as such. □

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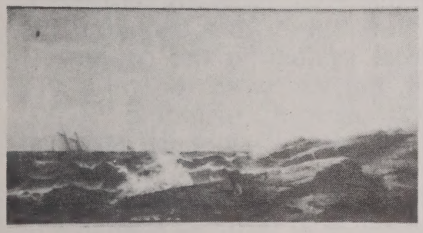
DR. BUDD ACCENTUATES THE POSITIVE

At the September meeting of the H.D.M.S. Dr. John H. Budd, President of the American Medical Association thrilled the membership of our society and guests from Franklin, Hampshire and Berkshire Districts by moving into an attack position regarding the posture of the AMA as it confronts the problems facing American Medicine in the present day. The very definite impression created by Dr. Budd was that the attitude so prevalent in the early days of World War II of "retreating to previously prepared positions" was no longer the thinking of the AMA leadership and the total concept was most refreshing.

In part Dr. Budd stated, "In my travels, as I speak and listen to doctors I find that the most frequent concern expressed is over unfair press treatment, false accusations, and inaccurate information published about the AMA. As I read newspapers, listen to radio and watch television I am impressed that this concern is justified. There is a preponderance of charges by critics that we are reactionary to progress, negative in our attitudes, and we are chided for a lack of social responsiveness. It is unfortunate, but true, that judgments about AMA seem to be made on the basis of what we oppose, rather than what we



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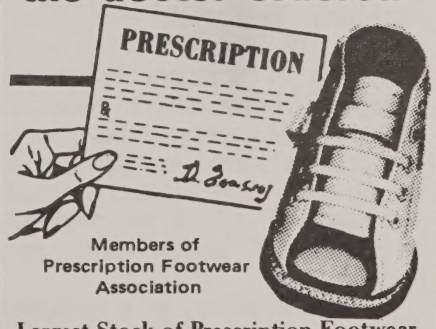

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propose. As best spokesman and best face of the real AMA I believe it is the face you see each morning in the mirror, for the AMA is really each one of us. Presentation of the abundant, well-documented favorable facts about AMA presented by the well-informed, credible, respected personal physician is the most influential voice we can develop.''

Dr. Budd went on to document the positive approach taken by the national organization in this fashion: ''We have initiated or supported programs for better care for rural dwellers, inner city inhabitants, American Indians, migrant workers and crippled children. We actively support programs against VD, drug abuse, alcoholism, environmental pollution, and a current crusade against violence in television. We encourage public education to the hazards of smoking, have urged less depiction of alcohol drinking in movies and TV as normal or preferred social behavior. Most recently we have increased efforts to warn the public of the dangers of delay in diagnosis and treatment of cancer when unproven or discredited drugs or substances are used, and the risks of exploitation of cancer victims by pushers of substances such as laetrile.''

Dr. Budd then went on to clarify the stand of the AMA on a matter in which there has been considerable confusion in the public sector and a degree of conflict among members of the medical profession. He dealt with the matter this wise: ''With the direction and support of an overwhelming majority of our House of Delegates we are for the availability of health insurance on a nationwide basis, **by expansion of the present system of private insurance, principally financed, as is now the case with most people, by employer-employee premium cost sharing, with use of tax money limited to coverage of the poor and unemployed, about 15% of the population, and the tax money to come from general revenue, not the nearly bankrupt Social Security tax.''**

The AMA President continued. ''We are against a National Health Service federally financed, federally administered, federally controlled, adrift in a sea of red ink. Recently the New York Times declared, the largest, single, centrally-directed medical system in the country is already run by the Federal Government, the VA, which operates 171 hospitals, and employees about 200,000 persons, including 16,000 doctors.The paper quotes a report from the prestigious National Academy of Sciences which severely criticized the VA operation, charging 'unnecessary hospitalization, excessive lengths of stay, under-use of expensive facilities and duplication of facilities available in the private sector locally, use of too many drugs, sometimes of the wrong type.' The TIMES concludes'; 'it is a pity that the VA's political success has so far outdistanced its medical achievements.' This, concludes Dr. Budd, ''is a persuasive picture of a national health service.''

At this point, in a satirical offside, Dr. Budd had this to say:

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Among significant statistics quoted by Dr. Budd from the Robert Wood Johnson Foundation and the National Center for Health Statistics were the following: "There have been 30 new medical schools in the U.S. opened in the past 15 years. There are 15000 freshman this year as compared to 7500 just 12 years ago. In 1970 there were 40,000 medical students enrolled, there are now 60,000, an increase of 50%. The speaker finds some bureaucratic chaos in the following operation as he describes: "The Federal Trade Commission, our most savage current assailant charges that the AMA as a participant in the accreditation of medical schools has the potential of restricting the number of doctors and thus creating a monopoly and keeping costs up. With HCFA (HEW's stepchild), declaring that reducing the number of doctors will reduce costs, and the FTC complaining that reducing the number raises costs it only suggests that government poorly understands the problems it is attempting to solve."

Dr. Budd concluded by stating: "It is within the realm of possiblity that in certain instances costly procedures might be denied on the basis that recovery is not worth the cost to society. Decisions of this type will demand the counsel, knowledge, judgement and compassion of the physician, not government regualtion based a formula derived from a computer-schooled robot.

These are but examples of the problems facing our profession. They are medical, legal, ethical, political. They challenge our conscience, our judgement, and we have a responsibility to speak our. Medicine needs a strong, effective organization to act. We must preserve the freedom of the profession, the rights, the health, and even the safety of our patients as well as the financial integrity of our nation. AMA with its size, experience, resources, respect and access to influential circles of government is that organization. I recommend it. We can do more together."

The members and guests who heard Dr. Budd at our September meeting realized that at least the AMA is alerted to the problems of medical care as it involves government, politics and people. In this fashion it is also involved to the utmost in patient care. □

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EXECUTIVE COMMITTEE

The Executive Committee met on Tuesday, October 18, 1977 in the Conference Room of the H.D.M.S. The minutes had been mailed out and were approved.

Present were Drs. Verrilli, Stoddard, Sachsse, Remsberg, Dasco, Bloom, Flahive, Lynn, Magill, and Mrs. Purdy.

The meeting was called to order at 7:30 P.M.

Mrs. LaFlamme and Mr. Kevin Parker from the South End Community Health Center Development Corporation were present to present the plans for the Health Center. They have consulted with the WMPHC for a Certificate of Need. The plans are for a preventive medicine type of clinic, hopefully with a physician and a nurse practitioner in attendance. Other aspects were discussed and the guests left.

Correspondence

Home Care Corporation wrote asking the H.D.M.S. to inform the members to alert the Social Service Departments in the hospitals that patients over sixty years may be in need of assistance when they are home. Home Care would appreciate the intended discharge date and needs in advance. This will be in the next Newsletter to the membership.

The Public Schools of Springfield wrote asking for a meeting to discuss a more coordinated effort to develop a comprehensive program with community involvement. A meeting will be set up between Mr. Ashe and a member of the committee.

The YMCA wrote information about their fitness and moderate exercise for post coronary patients. Dr. Lovell has been asked to write an article on this for the Hampden Hippocrat.

Western Massachusetts Health Planning Council wrote asking for an alternate physician to Dr. Mausel to serve on the Board Plan Development Committee. Dr. Verrilli will study this and find an alternate.

Western Mass. Lung Association wrote giving the committee information about a basic pulmonary function screening program which is being conducted as a pilot study in Hampden County. Further information will be asked for such as where held, by whom, and where referred.

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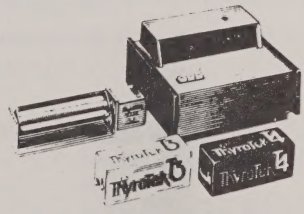

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Dr. Bush wrote a letter about the opening of the clinic in Wilbraham. Discussion followed and a letter of support will be sent to Dr. Bush.

A report of the Membership Committee was read as informational.

Yellow page listings were discussed with certain headings for specialties as listed in the Boston Telephone Book specified. Dr. Verrilli and Mrs. Purdy will establish the listings for the local telephone book.

Mrs. Purdy brought up the matter of dinners at district meetings. The cost is very high. She called attention to the prices and its relationship to the budget. Possibly in the future the members should pay for two of the four meetings or a rise in dues is imminent.

The position paper on Health written by Mr. DiMauro, the favorite for Mayor of Springfield, was briefly discussed as it had been previously sent to the committee for study.

Dr. D'Avanzo's resolution made at the District Meeting was discussed and the committee voted in the affirmative to write the proper wording and present it to the Council.

Mrs. Purdy gave a brief office report. She attended the Council of the New England Medical Societies in Boston and heard several attorneys speak about litigation cases and othr legislative related topics. The Scholarship Committee has met and distributed funds to twelve students. A loan program from the Dr. Max and Ida L. Millman Foundation is being offered to three students.

The meeting adjourned early, 8:45 P.M. and everyone left in a hurry to get home to see the sixth game of the World Series. □

PHILIP B. STODDARD, M.D., Secretary

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DATE: Tuesday, November 22, 1977

PLACE: Storrowton Tavern, Stagecoach Barn
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BUSINESS MEETING: 6:00 P.M.

SOCIAL HOUR: 7:00 P.M.

DINNER: 7:30 P.M.

COST: $8.00 Per Person

SPEAKERS: Western Massachusetts Health Planning Council
Professor Thomas Yost, President
Mr. Herbert Hooven, Executive Director
Mr. Joseph Roche, Planning Coordinator

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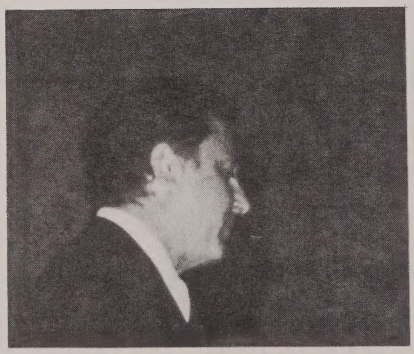
MANY THANKS

On September 16, 1977 the Editorial Board of the Hampden Hippocrat held a small party to honor Dr. Walton E. Stevens, Editor, and Dr. Joseph B. Greenspan, Business Manager and Secretary.

Dr. Stevens was leaving the area to be at Johns Hopkins in Baltimore and Dr. Greenspan resigned after almost 14 years of service.

The H.D.M.S. thanks Dr. Stevens and Dr. Greenspan for their years of devotion to the Hampden Hippocrat. □

WALTON E. STEVENS, M.D.
Leaving for Greener Fields



JOSEPH B. GREENSPAN, M.D.
Leaving the headaches behind

WALTER PACOSA, M.D.
AND ROCCO VERRILLI, M.D.
Discussing the next issue

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SEPTEMBER DISTRICT MEETING

The first District Meeting of the H.D.M.S. for the 1977-1978 year was held on Tuesday, September 27, 1977 at the Marriott Hotel in Springfield.

There were 150 members present.

Prior to the business meeting the Councilors held a Pre-Council meeting chaired by Dr. Dasco, the Executive Councilor.

At six o'clock the business meeting was called to order by President Verrilli.

Dr. Verrilli gave the latest report of the Federal Trade Commission and read a letter sent to Dr. Byrne, President of the MMS from Attorney Reardon of Warner & Stackpole. This was informational.

The Blue Shield lawsuit was discussed by Dr. Dasco. More detailed information will be sent to the entire membership from Dr. Byrne.

Dr. Verrilli informed the members about the second opinion on surgery to be surveyed by the Massachusetts Mutual Insurance Company on their employees. Letters will be sent to the surgeons in Hampden District with complete information about the program.

Dr. Fitzpatrick reported to the members on the plan to merge the Academy of Medicine and the H.D.M.S. He met during the summer with the Attorney and Auditor of the H.D.M.S. They ruled that the merger was impossible because of the tax status. The Academy has appointed a Long Range Planning Committee to study other possiblities.

Dr. Prestia gave the report of the Membership Committee for Dr. Navazio, Chairman, who was not present. A meeting was held in Boston to encourage districts to form membership committees. New pamphlets were printed by MMS entitled "Why the MMS is Important to You and Your Patients."

Dr. Rodkey, Vice President of the MMS as well as the Chairman of the State Committee on Recruiting New Members was present and spoke a few words in support of Dr. Prestia's presentation and pointed out that new members must be obtained or Massachusetts may lose one of their delegates to the AMA.

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Dr. Simpson, Chairman of the Publications Committee gave a brief report on the status of the Hampden Hippocrat and made a plea for more writers.

Dr. Verrilli discussed the CME trip to St. Maarten's Island in January of 1978. The program is being completed and interested participants should call the H.D.M.S. office for particulars.

Dr. D'Avanzo asked to speak under any other business. He presented a resolution on hospital based physicians. The resolution was voted on by the members in the affirmative and will be presented to the Executive Committee for approval and then sent to the Council of the MMS.

There was no further business and the meeting was adjourned for the social hour.

Mr. Ives, Director of the Science Museum of Springfield presented some interesting slides of the Health Museum in Charlotte, North Carolina. The plan is to start the drive for a similar one for the Science Museum of Springfield.

Dinner was served at 7:40 P.M. Guests attending were Dr. Budd, President of the AMA, Dr. Rubinow, President of the Hartford County Medical Association, Dr. Monroe, President of the Hampshire District Medical Society, Dr. Peczon, Vice President of the Franklin District Medical Society, and Dr. Grant Rodkey, Vice President of the MMS.

Dr. Budd gave a most interesting talk about the newest business of the AMA. (Excerpt printed elsewhere in this issue.)

The meeting was adjourned at 10:00 P.M. □

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THE NEW H2 RECEPTOR ANTAGONIST

During late August of 1977 the FDA gave its approval to a therapeutic agent effective as an inhibitor of gastric acid. It is being used in the treatment of duodenal ulcer types of pathological hypersecretory conditions (i.e., Zollinger-Ellison Syndrome, GI bleeders and relux esophagitis).

H1 and H2 RECEPTORS

Histamine, which is widely distributed in mammalian tissues, has many recognized activities; it is released during inflammatory and allergic reactions and induces such pheonomena as bronchospasm and the triple response in the skin. Histamine is also known as the most potent stimulant of gastric acid secretion, an activity which has led to its use in diagnostic procedures in peptic ulcer disease and other gastric hypersecretory states.

Allergic and inflammatory reactions are inhibited by classical anthihistamine agents, e.g. chlorpheniramine and pyribenzamine. However, classical antihistamines do not block the action of histamine or gastric acid secretion. It was postulated by Ash and Schild in 1966 that two classes of histamine receptors exist. These receptors effecting reactions to histamine which are blocked by the classical antihistamines are termed H1 histamine receptors; those effecting reactions not blocked by antihistamines are termed H2 histamine receptors. These facts spurred the initiaction of a research program which began several years ago at The Smith Kline & French Research Institute in Welwyn Garden City, England.

Hampden District Medical Society

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SYNTHETIC DEVELOPMENT OF H2 RECEPTORS

In 1972 Black and his co-workers published their work on the first H receptor antagonist, burimamide. It was an effective inhibitor of histamine stimulated gastric acid secretion in several species, and was a competitive antagonist of histamine. Its effects were best demonstrated after parenteral administration, since it had a low oral potency. Consequently, efforts were directed toward finding H2 receptor antagonists which were more effective hwn given by the oral route. Three H2 receptors antagonists--burimamide, meriamide and cimetidine were found. Metiamide and cimetidine were orally active compounds. Metiamide, the immediate successor to burimamide, was tested in the United States and abroad but the appearance of agranulocytosis in two patients brought the trials to a halt. In the United Kingdom, in 1976 a double blind placebo controlled multicentre study in patients with severe peptic ulcerations was initiated and was reported in Lancet. The response to metiamide in these severely ill patients was impressive as indicated by prompt relief of pain, vomiting, diarrhea, and, an improved appetite and weight gain in Zollinger-Ellison Syndrome patients.

In summary, it was established that an H2 receptor antagonist could provide rapid, clinically significant relief of symptoms of duodenal ulcer disease and other syndromes associated with profound gastric hypersecretion.

CLINICAL PHARMACOLOGY

Cimetidine was the third H2 receptor antagonist to be studied in man and a compound which promised to be an effective and safe therapeutic agent. Trials have established that Cimetidine is an inhibitor of gastric secretion in man. It inhibits secretion in the basal state or when stimulated by food, histamine, pentagastrin or insulin. In animal species cimetidine was well absorbed orally and distributed generally throughout the body. It is effective orally as well as parenterally. It was found effective in duodenal ulcer patients as well as in healthy subjects. It is absorbed from the small intestine and has a half life in plasma of approximately 2 hours. Seventy percent is excreted in the urine and if taken with meals the effect may last 5 hours but generally it does not have much effect during the first hour.

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ANTISECRETORY ACTIVITY

Measurement of the postprandial rate of delivery into the duodenum directly assessed the efficacy of tow different acid reducing therapies for duodenal ulcer disease. Cimetidine in contrast to aluminum and magnesium hydroxides reduced the acid entering the duodenum by a completely different mechanism. Cimetidine inhibits the secretion of gastric acid in a continuous manner and the antacid neutralizes the acid already formed in a fluctuating manner, hence, the optimum schedule used consisting of one and three hour p.c. antacid usage.

An important pH consideration was how long the gastric pH was greater that pH 5 because pepsin is inactive in that pH range. A study of patients revealed after 300 mg. of Cimetidine, the pH was greater than 5 for at least 2¼ hours and usually for 4 hours. Another study has demonstrated that the cimetidine effect on gastric secretion in duodenal ulcer patients resulted in acid secretion reduction by 50 percent to 90 percent for six hours after a single 200 mg. dose at 11 P.M. Cimetidine appears most effective in the fasting state, and its inhibitory action on nocturnal acid may be marked and prolonged. It was also demonstrated that cimetidine had no effect on lower esophageal sphincter pressure or the rate of gastric emptying.

Cimetidine, raises the transmucosal electrical potential difference (PD) and attentuates the fall in potential difference due to aspirin injury of the gastric mucosa. Because PD correlates with Na+ - H+ permeability and indicates mucosal intregrity, it might be deduced that H2 antagonists decrease gastric mucosal permeability and protect the mucosa from damage. Alternatively, these agents might prevent the well known effects of intramucosal histamine or alter the bile-induced mucosal injury which may be mediated by histamine. The rate of histamine receptor blockage in the treatment of gastric erosions remains to be established. However, by buffering H+ the trigger for histamine release, antacids alone my suffice, at least in some circumstances.

INDICATIONS FOR CIMETIDINE

1. Short term uncomplicated duodenal ulcer treatment, generally of four weeks but possible for eight weeks at a 300 mg. dose with three meals daily and upon retiring. One - two gms. a day for four weeks. It is being used for gastric ulcers, but it has not been officially sanctioned. Antacids are given for control of pain. Anticholonergics are generally considered not necessary although some references suggest that potentiation of acid secretion suppression results.
2. The treatment of pathological hypersecretory conditions, i.e., Zollinger-Ellison syndrome, for instance, has been accepted and recommended as an alternative to surgery in some situations. Upper G.I. bleeders thought to be secondary to hypersecretory states including those secondary to gastro-esophageal reflux.

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CLINICAL TRIALS

At the Toronto Gastrointestinal Association meeting in May of 1977 Dr. Fordtran, University of Texas, reported that cimetidine used on 46 Zollinger-Ellison syndrome patients, 6 required surgery and 3 died, but the others were doing well.

Dr. Myerson, Group Director of Medical Affairs of Smith Kline & French states while there are no known contra-indications as of the current date, 6 patients have been reported with transaminitis which subsided upon discontinuance of the drug. Twelve cases of gynecomastica have been reported in ZE patients under treatment for three months without progrssion and endocrine studies were negative. The creatinine value has risen to less than 2 mgm/100 ml in 2 patients and this subsided with discontinuance of the drug. Six patients have reported a feeling of being "drugged". A lesser number have complained of arthralgia and rashes and at least one reported with angioneurotic edema that subsided with use of a H1 receptor.

TENTATIVE EXPERIENCES

The question of increased relapse rate has been considered and there has been no evidence of its increase. A maintenance h.s. dose has not been approved but it is currently practiced in England. There are favorable experiences for a second or third course of therapy for relapses. Limited reports are available but generally a repetition of the course has been successful.

Even seasoned skeptics are beginning to accept the possibility that histamine H2 receptor antagonist will revolutionize the therapy of peptic ulcer disease, and the words of the Lancet editorial, October 25, 1975 are appropriate today. "Clinical assessment of cimetidine has already started. Will it prove not only to relieve the symptoms of duodenal ulcers but also to heal the ulcer? Will it prevent stress ulceration? The omens are that cimetidine will be therapeutically active. If it proves to be a safe compound, the management of peptic ulcer may well be revolutionized."

Other uses are also being explored such as in cluster headaches, dermatalogical problems where histamine is an important mediator in the cutaneous wheal and flare reaction, and lastly there is evidence that patients with burns have elevated levels of circulating histamine--this too may offer other avenues of profitable exploration. □

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In Memoriam

ELIZABETH P. CLARK, M.D.

Elizabeth P. Clark, M.D. died at home on August 28, 1977. Dr. Clark was a graduate of Mt. Holyoke College for Women (1933) and Tufts Medical School (1938). She completed her internship at the New England Hospital for Women and Children in Boston (1938-39) and entered into the practice of medicine in 1940 in general practice. She was president of the medical staff at Noble Hospital, Westfield, 1958 and was elected chief of staff at Noble Hospital in 1962. At the time of her death, she was Infection Control Officer for Noble Hospital. She had also serrved for years as public school physician in the city of Westfield until her retirement in 1970. Dr. Clark was a member of the Hampden District Medical Society, Mass. Medical Society, American Medical Association, and the Massachusetts Association of School Physicians. Donations may be made to the Noble Hospital building fund Westfield.

BERNARD J. NIEMIRO, M.D.

Bernard J. Niemiro, M.D. died at home on September 20, 1977. Dr. Niemiro was a graduate of Boston University (1927) and Middlesex University (1931).

He completed his internship at Swedish Hospital and Prospect Heights both of Brooklyn, N.Y.

Dr. Niemiro did post graduate work in proctology at Chicago Postgraduate School of Surgery and at Tufts Medical School.

He practiced in Holyoke and was a member of the A.M.A., MMS, HDMS, Springfield Academy of Medicine, Holyoke Lodge of Elks, Knights of Columbus.

Hampden District extends their deepest sympathy to Dr. Niemiro's wife and family.

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AUXILIARY TIDBITS

STATE WORKSHOP

On September 27 board members participated in a workship at the Marriott Hotel where our State President Ann Bouras presided. The conference emphasized communication and membership issues. Mrs. Bouras also detailed health packages available through State.

Our auxiliary introduced questions concerning the role of the National organization. We need to elicit answers regarding our relationship with National in order to assess our continuing membership at the National level. □

. . . . . .

Many thanks to Wenda Restall and to all of you who participated in the COHOES trips. The Scholarship coffer is $375 richer.

HOLIDAY BOUTIQUE AND TEA

In a Holiday mood? Come join us for the HOLIDAY TEA AND BOUTIQUE, Tuesday, December 6, 1 P.M., at Cynthia Bye's home, 170 Overbrook Road, Longmeadow. Elsie Caiderola, who is in charge of the tea, will be assisted by Wenda Restall and Francoise Pelletier as hostesses. Past presidents will pour.

Feature events that day include a Bake Sale which Dee Gainski is handling. A special treat will be the Holiday Boutique. Diane Abbasy, with her co-chairwoman Kathy Gray, are displaying and selling draft items made by local artisans. Louise Zadworny will be selling dolls, canvas tote bags, watches and unbelievable low priced 14 karat gold jewelry for AMAERF. □

HEALTH EDUCATION

The Science Museum at the Quadrangle plans to reorganize the "Touch and See" room. This room will serve as a self-teaching experience dealing with the senses for preschoolers and primary grade students. Special programs emphasizing the "awareness of the senses" aspect, such as vision testing, hearing testing, poison control education, nutrition and personal hygiene are being considered. Future plans for the museum include opening a HEALTH HALL which will feature health educational aspects.

The Science Museum attracts thousands of children yearly, frequently reaching children whose health education is minimal. This program offers the auxiliary a unique opportunity to make an educational impact by participating in an enduring community project. The Health Education Committee of the auxiliary has become involved in this innovative program. Volunteers are needed to be trained in concepts and techniques for conducting programs in the room. Surely, you want to be involved in this exciting community venture. Please contact Kathy Lovell (567-3089) or Pat Nenninger (567-1913). □

HELEN GALLIVAN

DIRTY DICTIONARY

The ban-the-bookers in Eldon, Mo. have outdone themselves....the local board of education banned from the schools the American Heritage Dictionary because it contained definitions of 39 naughty words. The complainant...delivered himself of these immortal lines: "If people learn words like that it ought to be where you and I learned them--in the streets and in the gutters." From the NEW YORK TIMES BOOK REVIEW

In Eldon everyone is wary
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No southern child shall use a text
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Such terms that might be deemed colonic.
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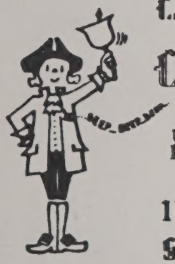

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